



# UNIVERSITY OF WYOMING

## OPERATIONS ASBESTOS BULK SAMPLING REQUEST FORM

*To be completed by Operations Requestor*

Date of Request: \_\_\_\_\_

Operations Requestor Name: \_\_\_\_\_

Project Manager/Estimator  
(If Applicable): \_\_\_\_\_

Sample Results Needed By: \_\_\_\_\_

Material(s) to be sampled:

- |  |   |
|--|---|
| <input type="checkbox"/> Floor tile              | <input type="checkbox"/> Ceiling tile         |
| <input type="checkbox"/> Mastic under floor tile | <input type="checkbox"/> Ceiling mastic       |
| <input type="checkbox"/> Cove base               | <input type="checkbox"/> Ceiling              |
| <input type="checkbox"/> Mastic behind cove base | <input type="checkbox"/> Other Specify: _____ |
| <input type="checkbox"/> Wall                    |   |

Building: \_\_\_\_\_

Room/Area: \_\_\_\_\_

Primary Work Order: \_\_\_\_\_

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*To be completed by Asbestos Inspector*

Active Date: \_\_\_\_\_

Sample Collection Date: \_\_\_\_\_

- Results emailed to requestor.
- Results entered into Operations spreadsheet.
- Work Order/Work Phase closed.